

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-8526
www.dpor.virginia.gov



Real Estate Board
SUPERVISING BROKER FOR BRANCH OFFICE CHANGE FORM
No Fee Required

THE BRANCH OFFICE LICENSE MUST BE RETURNED IN ORDER TO PROCESS THE CHANGE. DO NOT RETURN THE BROKER LICENSE.

1. Firm Name _____
2. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
3. Telephone Number () - _____
Telephone
4. Firm's (10-digit) Virginia Real Estate License Number 0226 - _____
5. Firm's Principal Broker _____
First Middle Last Generation
(SR, JR, III)
6. Principal Broker's (10-digit) Virginia Real Estate License Number 0225 - _____
7. Branch Office (10-digit) Virginia Real Estate License Number 0226 - _____
8. Branch Office Street Address _____
City, State, Zip Code _____
9. Branch Office Telephone Number () - _____
Telephone
10. Current Supervising Broker _____
First Middle Last Generation
11. Current Supervising Broker's (10-digit) Virginia Real Estate License Number 0225 - _____
12. New Supervising Broker _____
First Middle Last Generation
13. New Supervising Broker's (10-digit) Virginia Real Estate License Number 0225 - _____
14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the firm's or my license status.
Principal Broker's Signature _____ Date _____
New Supervising Broker's Signature _____ Date _____
Signature of the individual listed in #13
Current Supervising Broker's Signature _____ Date _____
If applicable, signature of the individual listed in #11

APPLICATIONS AND SIGNATURES MUST BE ORIGINAL. FAXES AND COPIES WILL NOT BE ACCEPTED.